5-05-04

MAY 0 3 2004

PART B - FEE(S) TRANSMITTAL

omplete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 Express Mail Label No. EV 400 551 171 US or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23601

7590

02/05/2004

EAMPBELL & FLORES LLP McDermott Will & Emery 4370 LA JOLLA VILLAGE DRIVE

7TH FLOOR Suite 700 SAN DIEGO, CA 92122

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

 (Depositor's name)
 (Signature)
 (Date)

l	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	09/930,600	08/15/2001	Daniel S. Sem	P-TB 4927	2240

TITLE OF INVENTION: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND DRUG CANDIDATES

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330)	\$0	\$1330	05/05/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
NASHED, NASHAAT T		1652		435-007100		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			names of	nting on the patent front p up to 3 registered pate 3, alternatively, (2) the n	nt attorneys or 1 McDe	rmott Will & Em
Address form PTO/SB/	dence address (or Change of (122) attached.	Correspondence	firm (havi	ing as a member a regist	ered attorney or 2	*
© "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(nrint or type)		
(A) NAME OF ASSIG		(B) RESIDENC San Di	CE: (CITY and STATE OF Lego, Californ	,	
4a. The following fee(s) ar	e enclosed:	4b	. Payment of	Fee(s):		<u> </u>
			☐ A check is	n the amount of the fee(s)	s enclosed.	
D Publication Fee		☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies10			2 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 202624 (enclose an extra copy of this form).			
-		nd Publication Fee	(if any) or to	re-apply any previously p	aid issue fee to the application is	lentified above.
(Authorized Signature)	ahon Alan	(Date)			···-	
eborah L. Cade:	na, Reg No. 44,	648 м	iay 3,	2004		
NOTE; The Issue Fee a	nd Publication Fee (if requir ; a registered attorney or ag records of the United States Pa	ed) will not be acc	cepted from	anyone	04 LWDNDIM2 00000054 50	2624 0 99 30600
This callection of inform	nation is required by 37 CEP	1 211 The inform	action is man	uinad ta		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

01 FC:1501 02 FC:8001 1330.00 DA 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PATENT Client-Matter No.: 66692-033

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sem et al.) Confirmation No.: 2240						
Serial No.: 09/930,600) Group Art Unit: 1652						
) Examiner: Nashed, N. T.						
Filed: August 15, 2001) Date of Notice of Allowance: February 5, 2004						
For: NMR-SOLVE METHOD FOR RAPID IDENTIFICATION OF BI-LIGAND DRUG CANDIDATES	CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 551 171 US DATE OF DEPOSIT: May 3, 2004 I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS						
Mail Stop Issue Fee	ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450						
Commissioner for Patents	ALEXANDRIA, VA 22313-1450.						
P.O. Box 1450	Printed Name of Person Mailing Paper or Fee						
Alexandria, Virginia 22313-1450	37						
	Signature of Person Mailing Paper or Fee						
TRANSMITTAL							
Sir:							
Transmitted herewith are the follo	owing:						
	сору);						
2. Supplemental Declaration for Pate	Supplemental Declaration for Patent Application;						
3. Communication regarding change	Communication regarding change in entity status from small to large.						
4. sheets of drawings submapplication.	nitted in connection with the above-identified						
Please charge my Deposit Account No. 502624 the amount of \$695.00 to cover the payment of the issue fee. A duplicate of this sheet is enclosed.							
Please charge any additional fees or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.							
	spectfully submitted,						
Date: May 3, 2004	borah L. Cadena						
McDERMOTT, WILL & EMERY Re	stration No. 44,048						
	phone No.: (858) 535-9001						
San Diego, California 92122 Facsimile No.: (858) 535-8949							